

Why Are Effective Handoffs Critically Important?

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MHS, January 2011

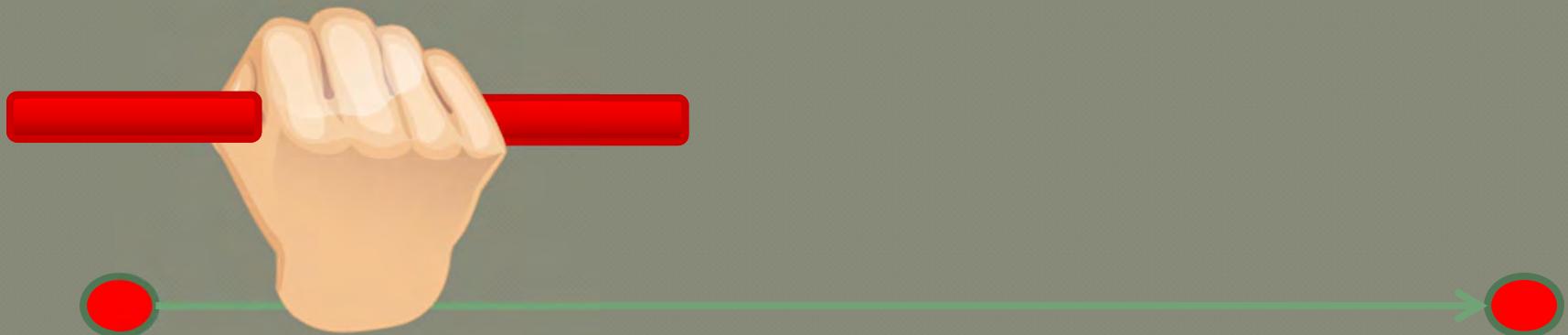
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From the Conference Agenda

- “.... the process of care handoffs [information exchange] between providers, across clinics, across venues of care, between direct and purchased care, across the DoD and VA, and in the most complex social and medical situations...”

Why Talk About This At All?

- We generally think of handoffs as a simple two way communication –
 - Shift change
 - On-call change
 - Hospital “area” change (OR to Recovery Room, for example)
 - Facility to facility transfer



It Is That and More

- Complicated delivery systems

- Stovepipe views
- Multiple transfers are inherent
- DD214 line is blurred
- Benefit qualifications vary
 - IT doesn't solve all the problems

- Patient and family expectations

- Trust
- Social media

- Improve what we do

We Also Know

- Institute of Medicine 1999 report *To Err is Human: Building a Safer Health System*
 - [Errors are] caused by faulty systems, processes, and conditions ... ”
- Institute of Medicine 2001 report *Crossing the Quality Chasm*
 - Handoffs provide opportunity for error
- In 2006, the Joint Commission determines that handoffs should be a National Patient Safety Goal
 - Improving the effectiveness of communication by providing accurate information about an individual's care, treatment, and services; current condition; and any recent or anticipated changes

And We Have Demonstrated That

- High risk, safety-critical endeavors require clear handoff strategies
 - Airline industry
 - Nuclear submarines
 - Satellite control centers
 - Formula One race cars

What Happens When We Don't Communicate Effectively?

"....we made it safe and sound. Unfortunately though, they were not prepared for us in the least. None of his medications were on hand, and they didn't even have any of his food. He just now started on food about 3 hours ago. Yes, he has went about 30 hours without anything in his belly. . . .

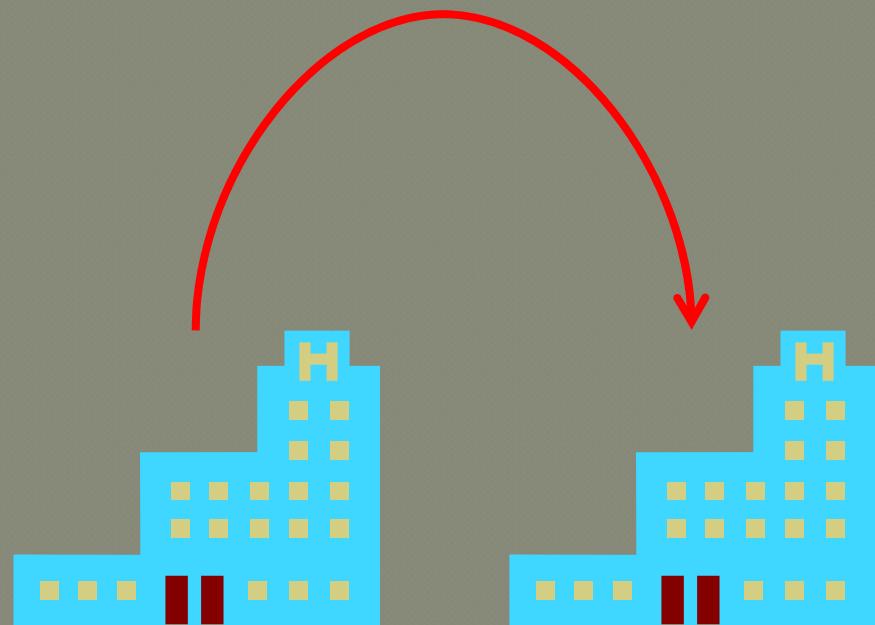
They also didn't have a bed for him (he needs a special one . . .). They are in the process of getting him one, so hopefully it will be here tomorrow.

I was also very disappointed that [the] hospital gave us 2 pain medications in pill form. Ummmm...hello...[he] has a feeding tube. He can't swallow! So when he was in pain while in flight, there was nothing we could do. Very upsetting!

I would not leave the hospital because nobody seemed to have a clue about his 'issues' all of the docs that we did see were very surprised that [he] is doing as well as he is. "

For Healthcare Professionals, Handoffs

- Transmit important information
- Transfer responsibility and authority



For Patients, Handoffs = Trust

- Patients expect the system to be accurate and will trust it.
- Trust changes with system experience.
- Patients weigh each experience differently.
- Trust affects . . . compliance with advice.
- Rebuilding trust is a difficult process.

Improving Handoffs

- Are critical to our success in:

- Improving patient safety
- Improving patient satisfaction
- Reducing duplicative and unnecessary work
- Decreasing costs
- Building teams
- Educating teams
- Improving care continuity

The Quadruple Aim: The MHS Value Model



Clear communication and effective handoffs are critical components to achieving the quadruple aim.

Objectives

- Improve understanding of:
 - Transitions
 - Processes
 - Programs
 - Handoffs

Presentation Overview

- Definitions

- Discussion Framework

- Processes

- Injury/Illness Recovery and Rehabilitation
 - Disability Evaluation System (DES/IDES)

- Programs and Support Systems

- Strategies for Improving Handoffs

Definitions - Transition

- **Life cycle transitions** are critical phases during which important developmental, social, or economic changes are likely to occur
 - Marriage
 - Birth
- **Institutional transitions** indicate a change in status for the individual as a function of moving from one institutional environment to another
 - Inpatient to outpatient
 - Operating room to recovery room
 - Deployment
 - Military to civilian
- **Any transition can be stressful**
- **All transitions are opportunities for communication failures**

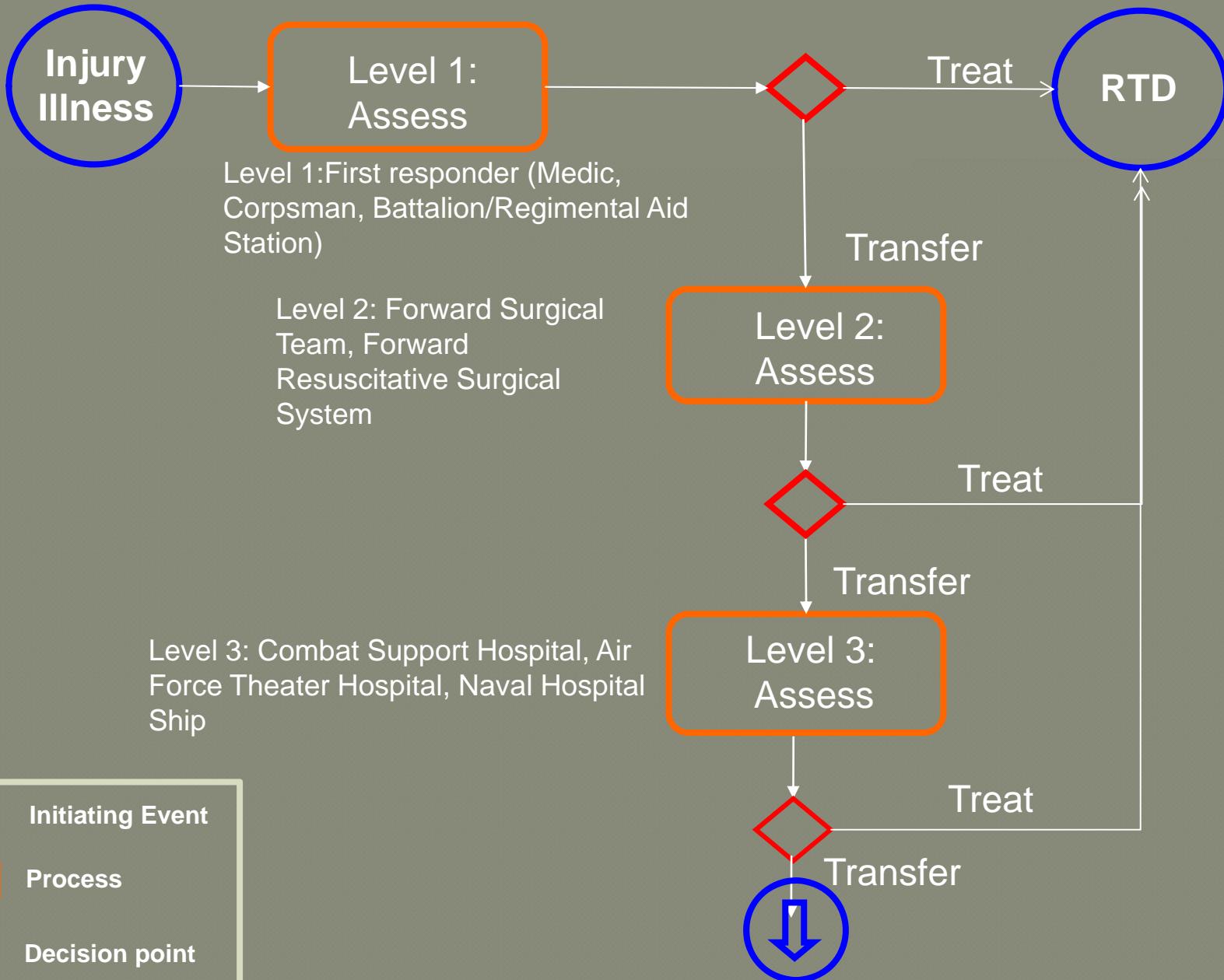
Discussion Framework

From injury or illness diagnosis of a
military member

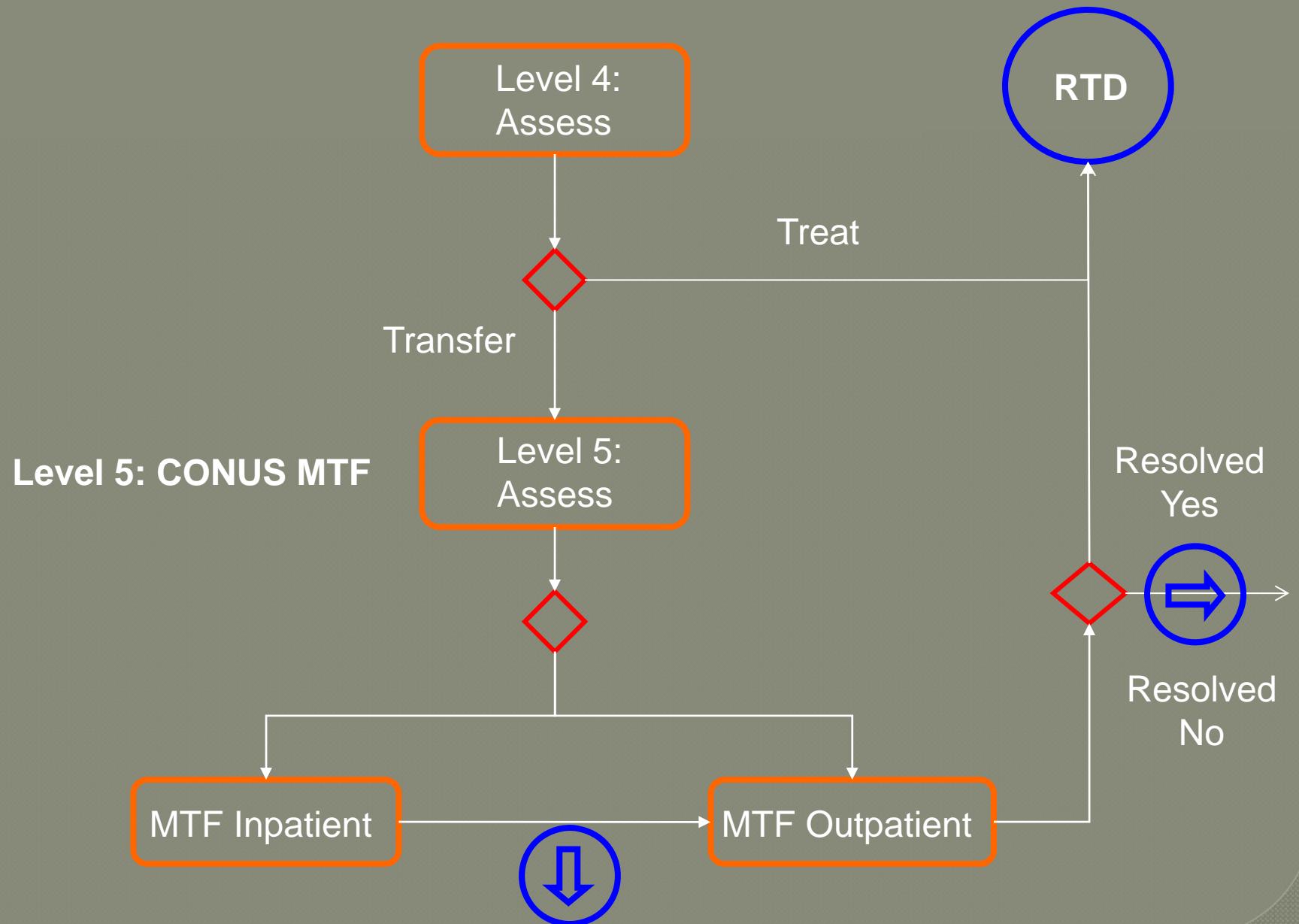


To return to civilian life

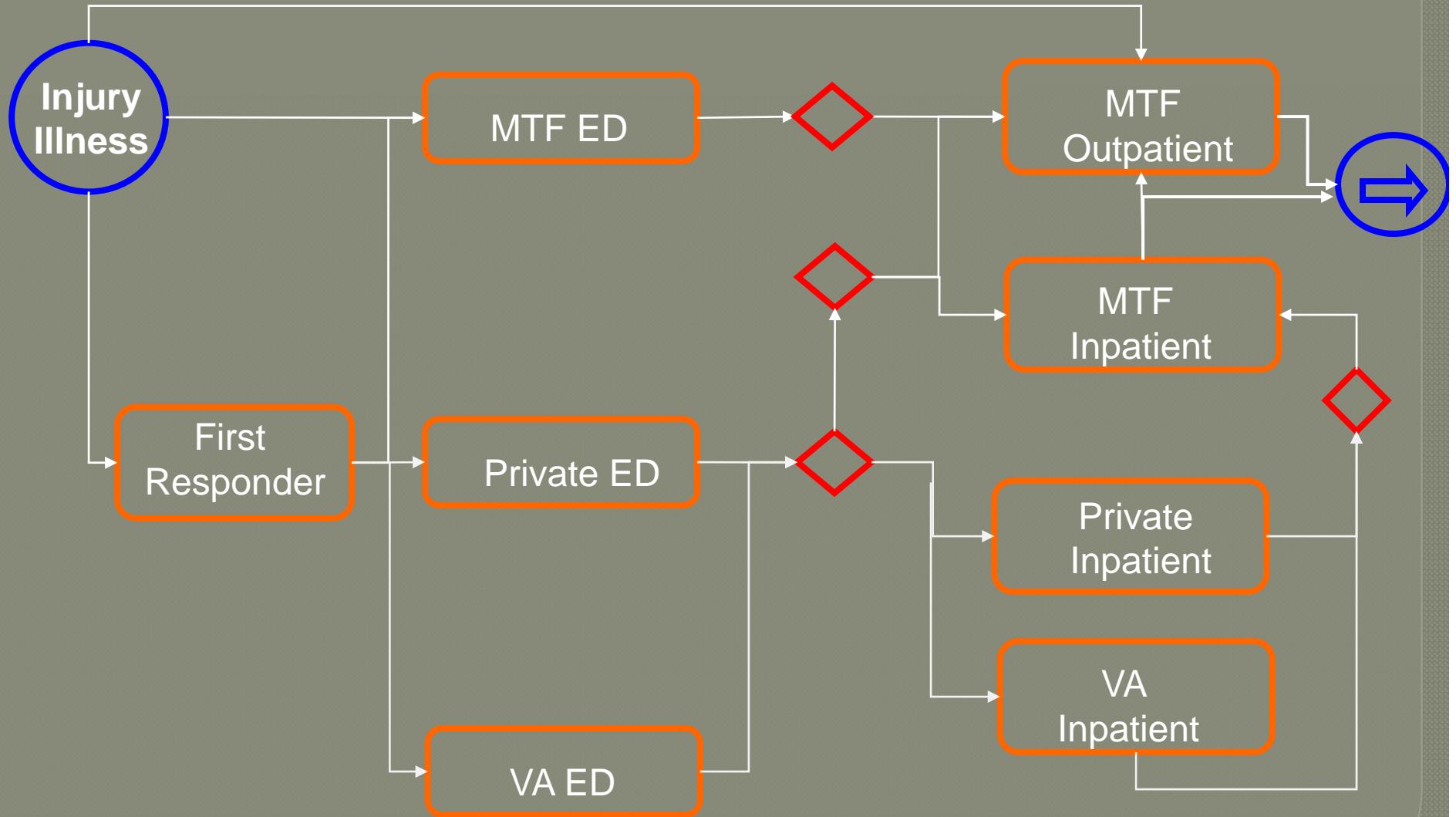
COMBAT ZONE



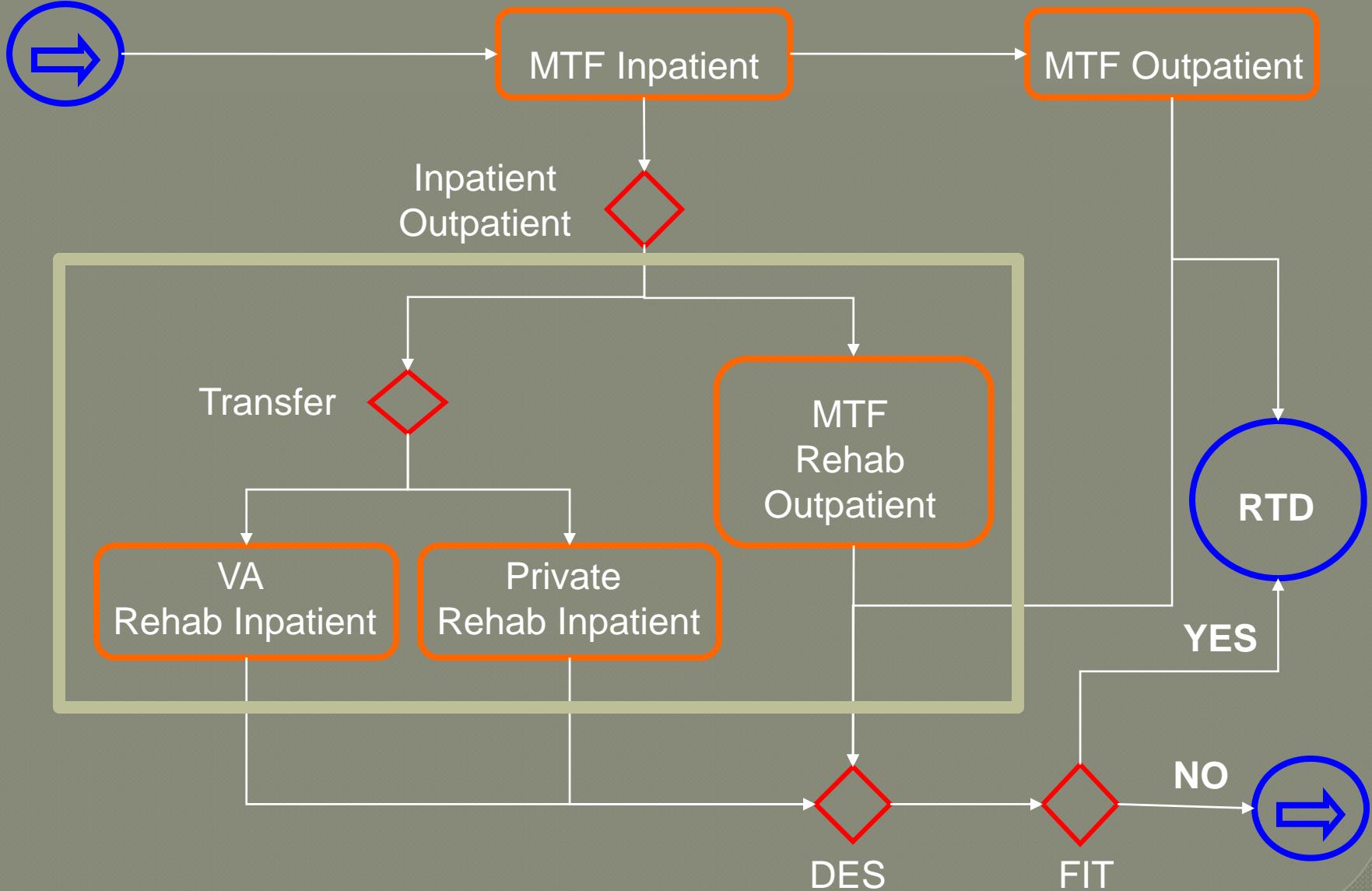
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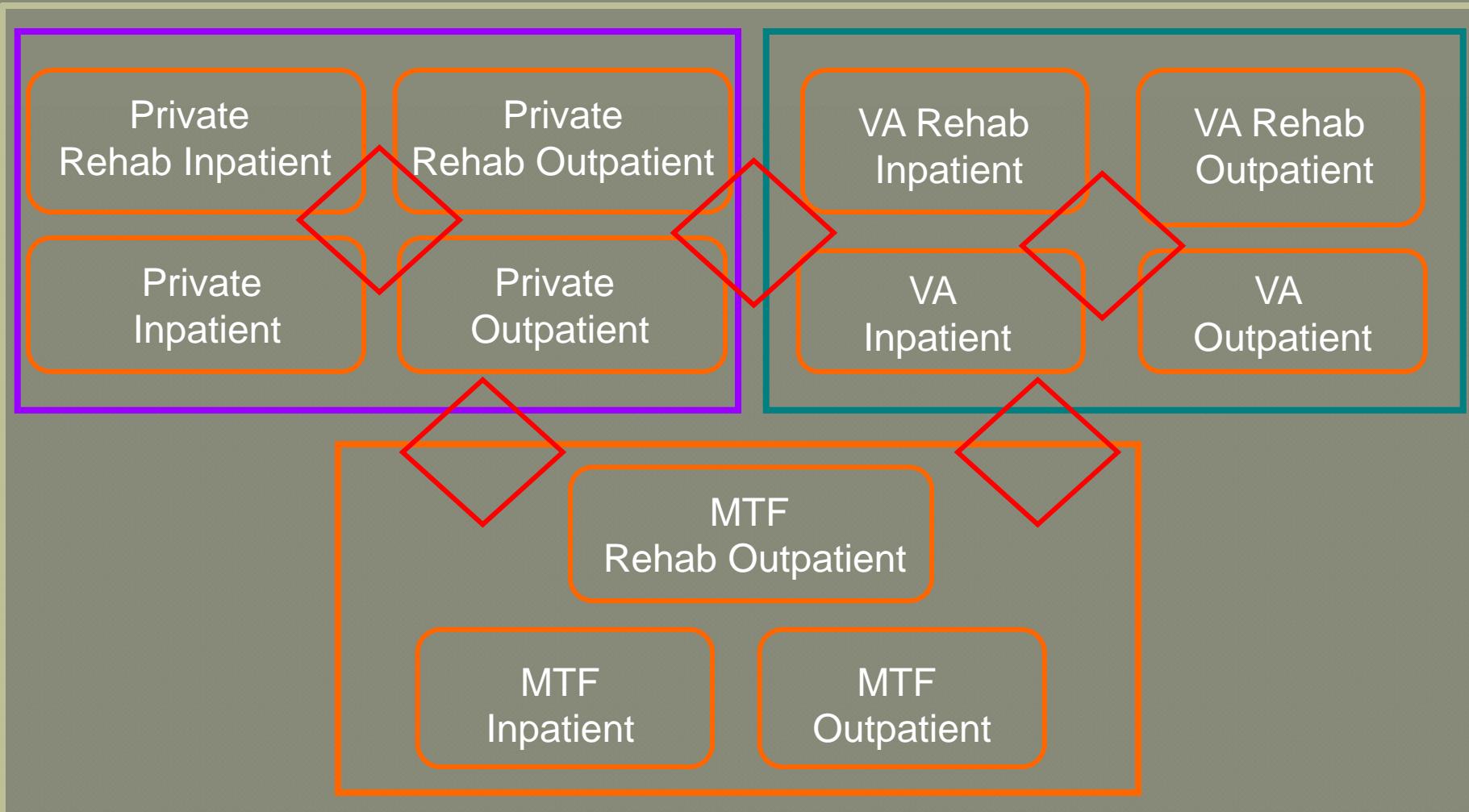
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CONUS TREATMENT

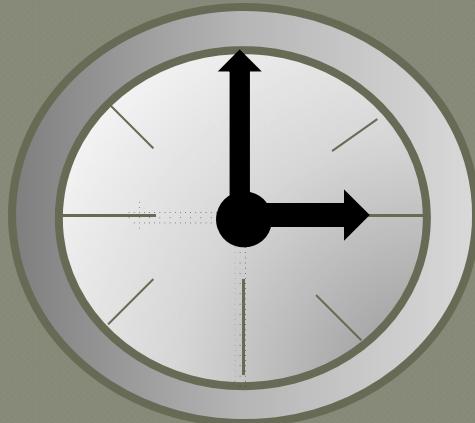


Multiple Transfers are Possible



Transfer =

Up To 15 Handoffs (or more)



Handoff Tools

- Each transition supported by a variety of tools created for the particular event
 - Oral
 - Written
 - Electronic

Combat Theater – Electronic Tools

- AHLTA-Mobile
- AHLTA-T
- AHLTA Warrior
- JMeWS (Joint Medical Workstation)
- MEDIC (Medical Environmental Disease Intelligence & Countermeasures)
- TC2 (Theater Medical Information Program Composite Health Care System Caché)
- TMDS (Theater Medical Data Store)

<https://www.mc4.army.mil/software.asp>

Combat Theater – Paper Tools

- DD 1380 (field medical card) and the SF 600 (chronological medical record of care)

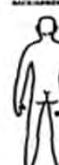
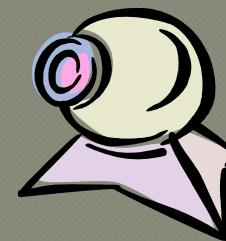
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3. ADDRESS/ADRESSE 103-45-6789		SPECIALTY/CONDITION III	RELIGION RELIGION CATHOLIC
4. GRADE/CLASSE A/A/A/A/A/A		DISABILITY/INFIRMITÉ USA	
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6. LEVEL OF CONSCIOUSNESS/LEVEL DE CONSCIENCE			
ALERT/ALERTE		PALE/IMPÉNÉDORÉ A LA SÉCURITÉ	
TANTRIC/RESPONSE VERBALE		UNRESPONSIVE/IMPÉNÉDORÉ	
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Figure C-1. Information on DD Form 1380 completed by the combat medic.

Combat Theater – Oral

- Face to face
- Telephone
- Virtual



Hospital – Electronic Tools

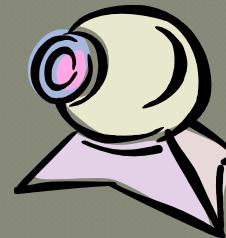
- Electronic Health Record
- Between DoD and VA
 - Bidirectional Health Information Exchange (BHIE)
 - Federal Health Information Exchange (FH)
 - CHDR (Clinical Data Repository [CDR] of AHLTA, and VA's Health Data Repository [HDR])
 - Scanned paper records

Hospital – Paper Tools

- SBAR (Situation, Background, Assessment, and Recommendation)
- DoD to VA Polytrauma Checklists
- Military Discharge Checklists

Hospital – Oral

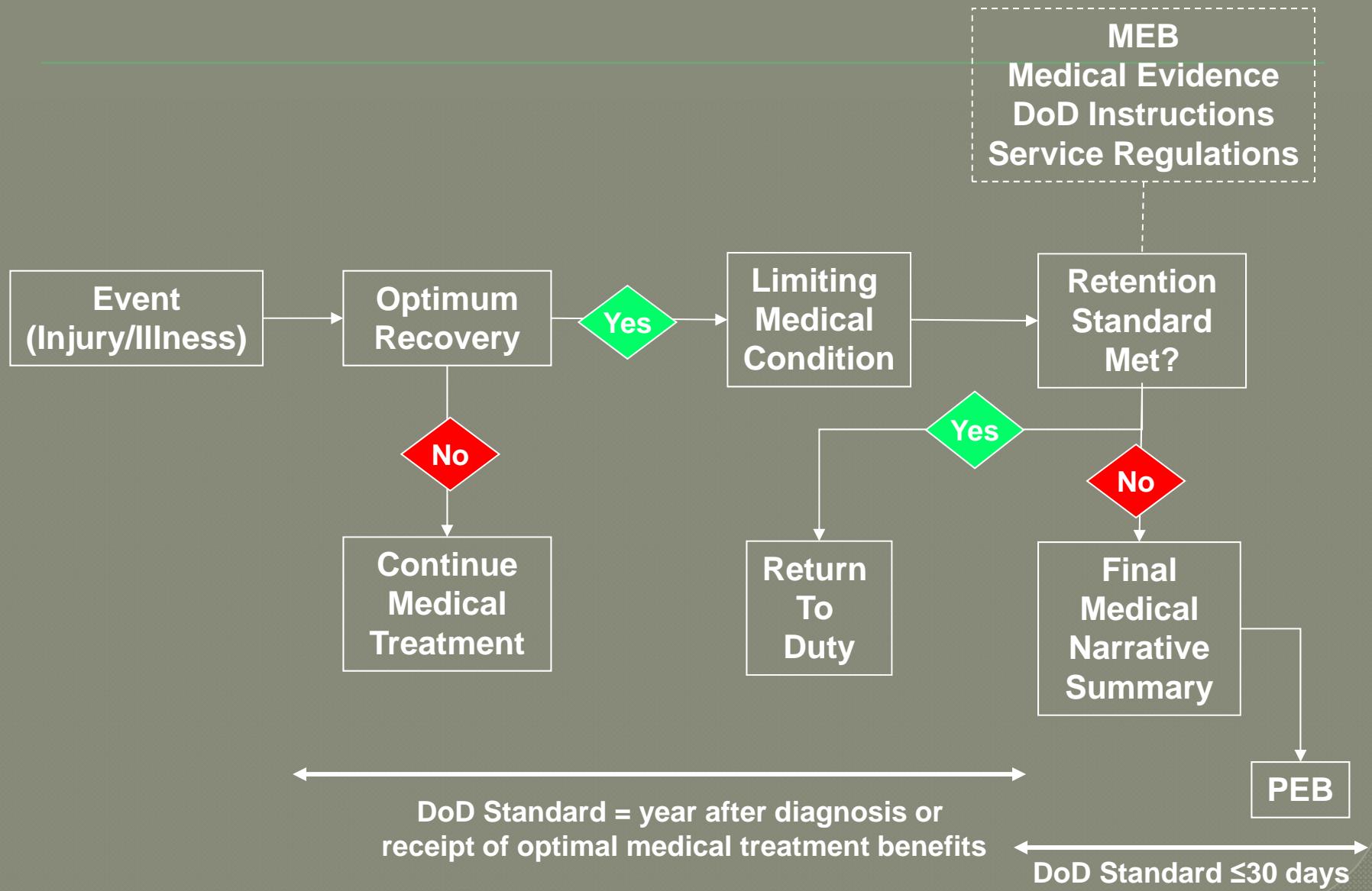
- Face to face
- Telephone
- Virtual



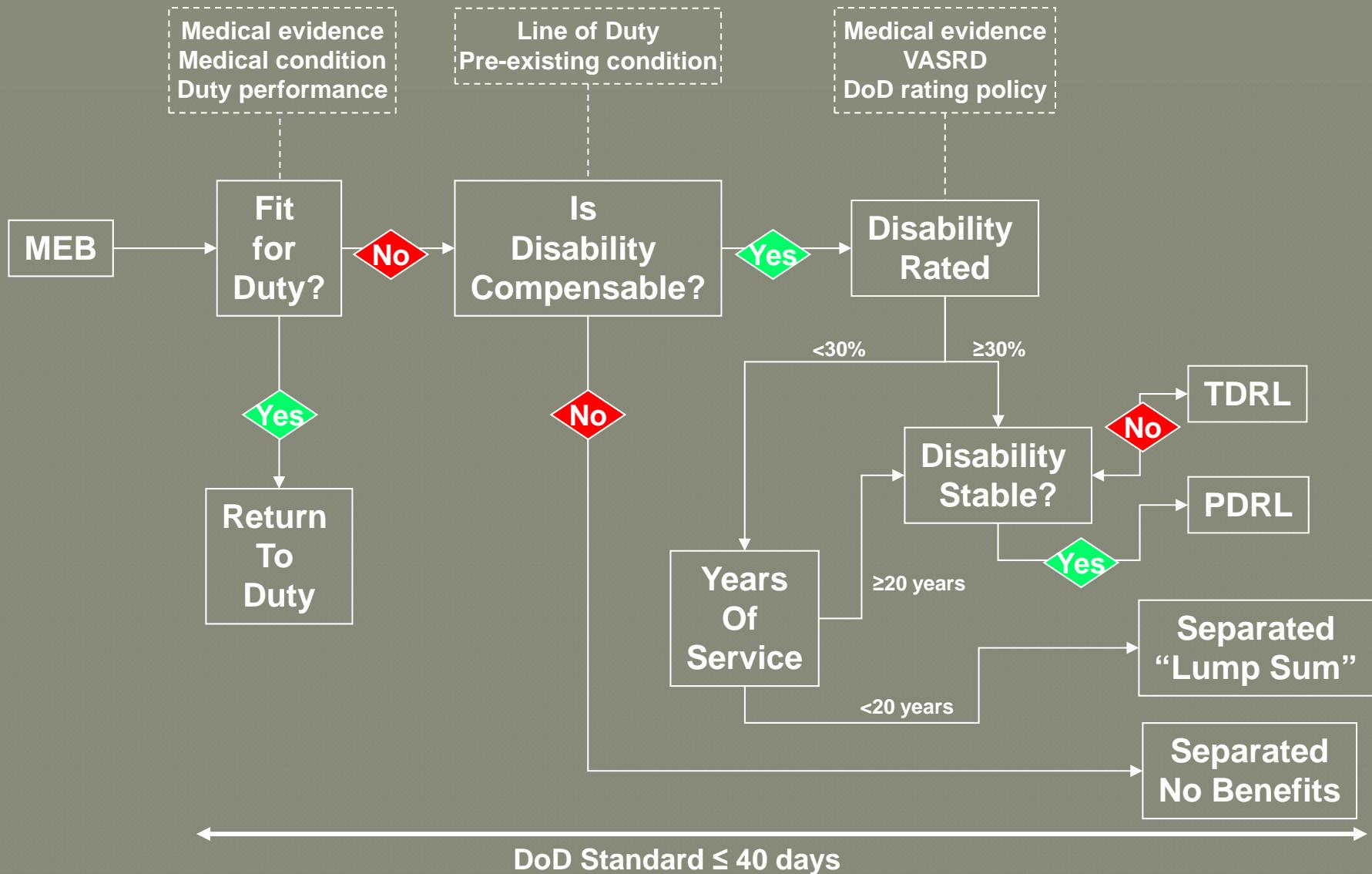
Disability Evaluation System

- “Legacy” DES
- Integrated DES (IDES)
- Expedited DES

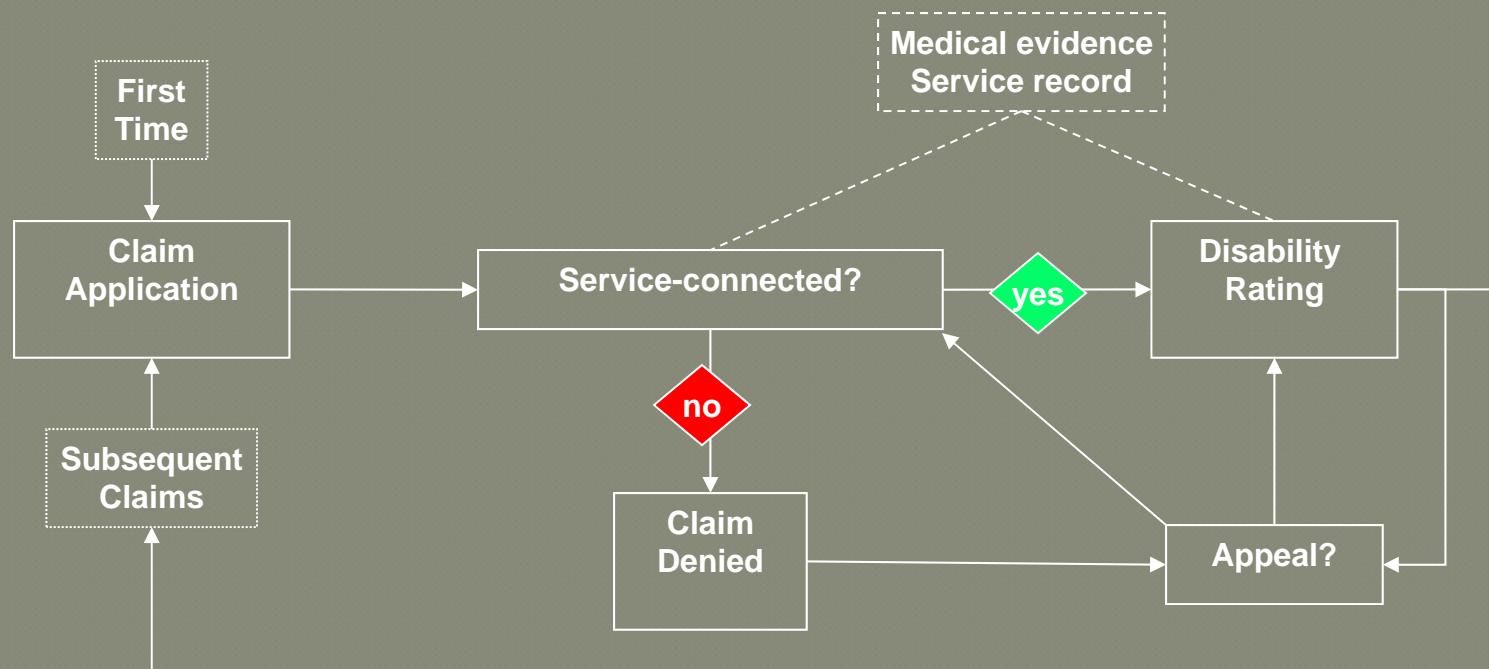
DES Processes – “Legacy” MEB



DES Processes – “Legacy” PEB

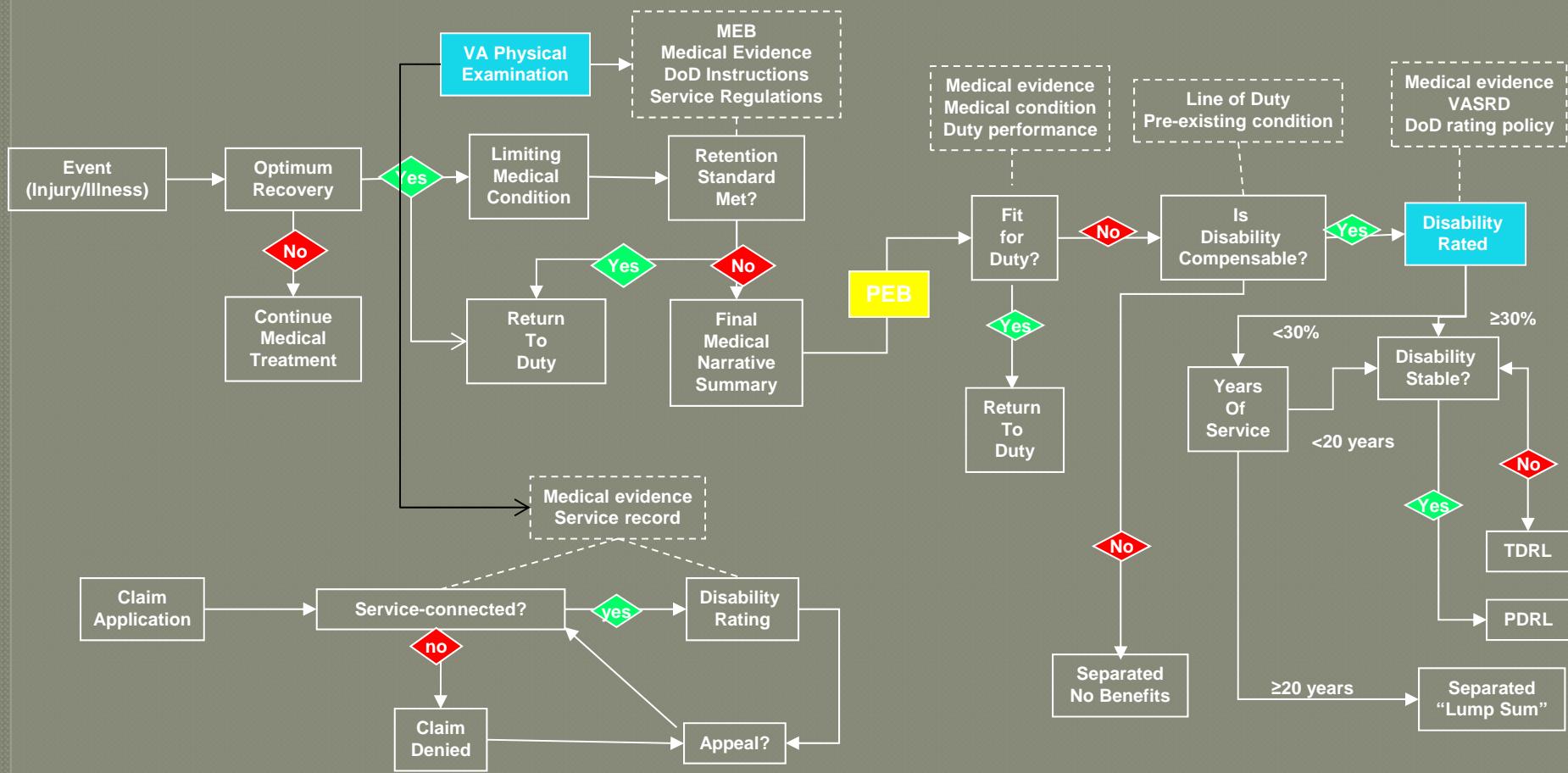


VA Disability Rating Process



Income gap between discharged and when received VA disability compensation.

IDES changed which agency conducted the disability rating examination and decreased the time to VA pay



Who Participates in Handoffs?

- Clinical case managers

- Acute inpatient care
- Outpatient care
- Disease/condition specific

- Non-clinical case managers

- Social services
- Benefit access

- Interdisciplinary medical team members

- Command

- Patient, family and caregivers

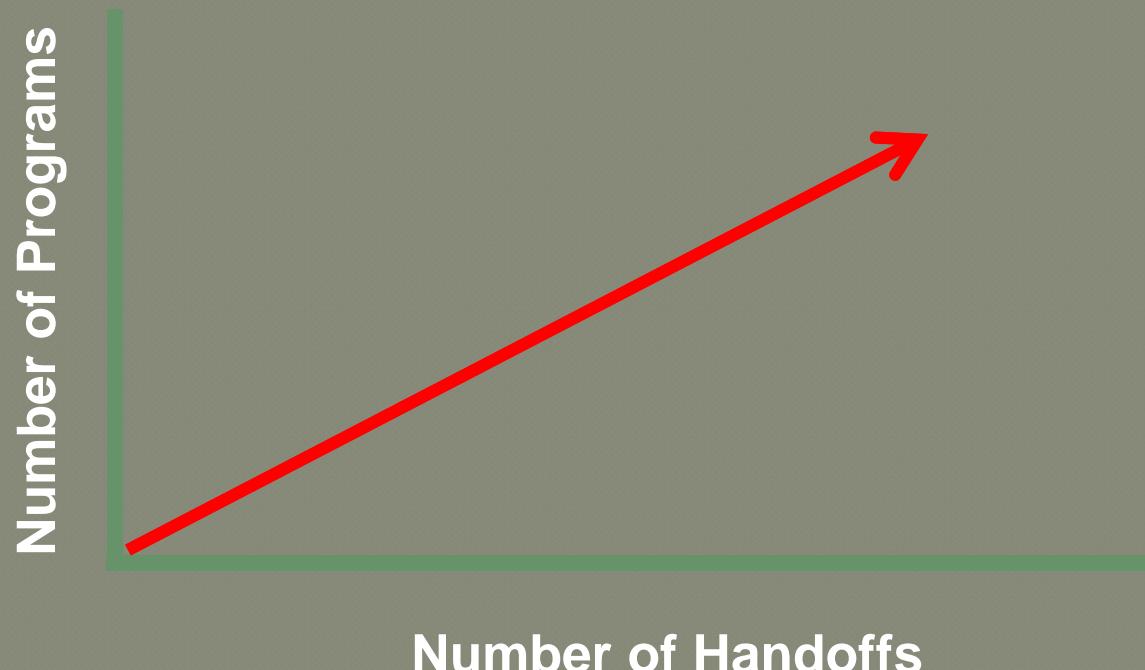
Many Programs Participate Depending on Need

Blind Rehabilitation Case Manager (VHA)
Blind Rehabilitation VIST Coordinator (VHA)
Community Health Nurse Coordinator
Disease/Condition-Specific Case Manager
Home Based Primary Care Case Manager (VHA)
Inpatient Acute Care Case Manager
Military Medical Case Manager
MMSO Case Manager
Navy Marine Corps Relief Society Visiting Nurse
OEF/OIF Case Manager or Other Personnel (VHA)
OEF/OIF Program Manager (VHA)
Outpatient Medical Case Manager
Polytrauma Case Manager (Lead) (VHA)
Polytrauma Center Case Manager (VHA)
Social Work Medical Case Manager
Spinal Cord Injury Case Manager (VHA)
Telehealth Case Manager (VHA)
TRICARE Beneficiary Counseling and Assistance Coordinator
TRICARE Case Manager
TRICARE Liaison or Representative
VA Suicide Prevention Case Manager
VHA Liaison
DVBIC TBI Recovery Coordinator
VA Mental Health Recovery Coordinator

DISC Case Manager
DoD Finance Office Liaison
Joint Family Support Assistance Program Personnel
Legal (includes JAG)
Military Liaison
Military Service Coordinator (VBA)
OEF/OIF Coordinator (VBA)
Other Non-Medical Case Manager
PEBLO
Recovery Care Coordinator (RCC)
Social Security Representative
TSGLI Liaison
Transition Assistance Advisor (National Guard, TAA)
Transition Patient Advocate (VHA)
Transition Assistance Liaison (TAL)
Veterans Benefits Counselor (VBC)
VBA Liaison
VR&E Counselor
Wounded Warrior Advocate (Varies based on Service)
Warrior Transition Unit Triad Case Manager

The Number of Programs Involved

- Make handoffs even more critical
- It is equally important to communicate with the individual and family



Important Handoff Factors

● Be clear

- Make sure you define terms
- “Same page, same line, same words”

● Communicate effectively

- Limit distractions
- Use checklists
- Avoid irrelevant details

Important Handoff Factors

- Standardize reporting

- Improves recall

- Iterative information and follow up

- Technology support

- Valuable up-to-date information
 - Information transfer continuous
 - Easily accessible

Improving Handoffs

- Interactive communication that allows for the opportunity for questioning between the giver and receiver of patient information
- Up-to-date information regarding the patient's condition, care, treatment, medications, services, and any recent or anticipated changes
- A method to verify the received information, including repeat-back or read-back techniques
- An opportunity for the receiver of the handoff information to review relevant patient historical data, which may include previous care, treatment, and services
- Interruptions during handoffs are limited to minimize the possibility that information fails to be conveyed or is forgotten

Joint Commission, 2006

A Handoff Tool for Your Process

● Process

- Create a process map.

● Content

- Create a standard check-list.

● Implementation

- Garner leadership and participant buy-in.

● Monitoring

- Ensure the protocol is in place and identify and resolve barriers.

Or Use Another's

- AHRQ

- <http://psnet.ahrq.gov/>

- AORN

- <http://www.aorn.org/>

- Joint Commission

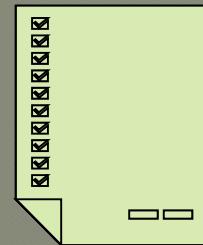
- <http://www.jointcommission.org/>

Tools Can Be As Simple As A

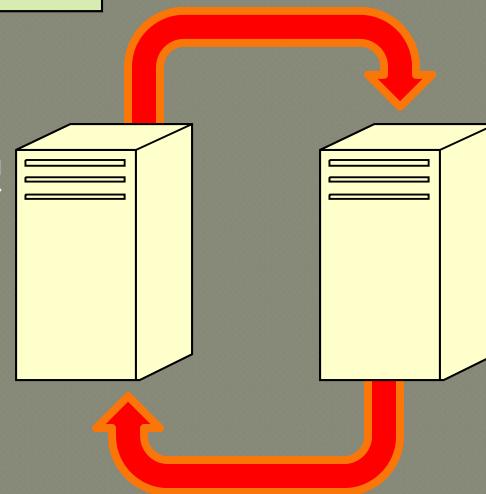
- Checklist



- Official Form



- Paper or Electronic



Handoffs

- Depending on the circumstances

- Are not just “point-to-point”
- Multiple information providers and receivers
- Patient experience is additive (or maybe exponential)

- Information accurate and consistency

- Prevents errors and bad outcomes
- Sets expectations

Conclusions

● Good handoffs

- Reduce medical errors
- Communicate relevant information across transitions
- Increase understanding of issues
- Create opportunities for critical intervention
- Increase trust